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**MICHAEL R. KRAWZSENEK**

(Depositor's name)

(Signature)

JUNE 22, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/992.054	11/14/2001	Arif Ben Ahmed Jallouli	ESSR:058US/MBW	4850

TITLE OF INVENTION: HIGH INDEX AND HIGH IMPACT RESISTANT POLYTHIOURETHANE/UREA MATERIAL, METHOD OF MANUFACTURING SAME AND ITS USE IN THE OPTICAL FIELD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
International	NO	\$1510	\$300	\$0	\$1810	06/24/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
SERGEANT, RABON A	1796	528-060000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

- 4a. The following fec(s) are submitted:

- 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

- ☐ A check is enclosed.

- ☒ Payment by credit card ~~XXXXXXXXXXXX~~ ON LINE EFS WEB.

- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1213 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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**Authorized Signature**

Date **JUNE 22, 2010**

Typed or printed name MICHAEL R. KRAWZSENEK

Registration No. **51,898**

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